



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	09/917,965
Filing Date	July 30, 2001
First Named Inventor	Herbert M. WILSON
Examiner Name	G. Helmer
Group Art Unit	1638
Attorney Docket Number	N1205-014

Total Number of Pages in This Submission: \_\_\_\_\_

### ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group   |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):   |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | 1) Marked-up copy of specification; 2) Clean copy of substitute specification; 3) Certificate of Express Mailing by Label EV207751526US |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

REMARKS:

SUBMITTED BY		Complete (if applicable)	
NAME & REG. NUMBER	Robert J. Jondle, Reg. No. 33,915		
SIGNATURE		DATE	July 26, 2004
		DEPOSIT ACCOUNT USER ID	